

JC698 U.S. PTO  
01/14/02

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.

SCH 1537 D2

First Inventor

Kristof CHWALISZ et al.

Title

Implantation Rates After In Vitro Fertilization, And Treatment of Infertility and Early Pregnancy Loss with a Nitric Oxide Donor or Substrate Alone or in Combination with Progesterone, and a Method for Contraception with Nitric Oxide Inhibitors in Combination With Antiprogestins or Other Agents

Express Mail Label No

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages  ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets  ]
5. Oath or Declaration [Total Pages  ]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - c. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

of prior application No 09 / 162,446

Prior application information: Examiner R. Travers

Group / Art Unit: 1817

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



or ☐ Correspondence address below

23599

PATENT TRADEMARK OFFICE

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	Nancy J. Axelrod	Registration No. (Attorney/Agent)	44,014
Signature	<i>Nancy Axelrod</i>	Date	1/14/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">TO BE ASSIGNED</td> </tr> <tr> <td>Filing Date</td> <td>January 14, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>K CHWALISZ et al.</td> </tr> <tr> <td>Examiner Name</td> <td>R Tavers</td> </tr> <tr> <td>Group / Art Unit</td> <td>1617</td> </tr> <tr> <td>Attorney Docket No.</td> <td>SCH 1537 D2</td> </tr> </table>		Application Number	TO BE ASSIGNED	Filing Date	January 14, 2002	First Named Inventor	K CHWALISZ et al.	Examiner Name	R Tavers	Group / Art Unit	1617	Attorney Docket No.	SCH 1537 D2
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TOTAL AMOUNT OF PAYMENT (\$)		370													

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             Deposit Account Number: 13-3402         </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             Deposit Account Name: Millen, White, Zelano &amp; Branigan, P.C.         </div> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Check                <input type="checkbox"/> Credit card                <input type="checkbox"/> Money Order                <input type="checkbox"/> Other         </p>				<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																							
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Nancy J. Axelrod	Registration No. Attorney/Agent)	44,014	Telephone	703.812.5304
Signature				Date	January 14, 2002

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